|                                                                                                                                                                                                                                                                                                                                                         | = W83410                                 |                                             |                                  |                                |                             |                                     |                       |                 |                        |          |               |                        |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|----------------------------------|--------------------------------|-----------------------------|-------------------------------------|-----------------------|-----------------|------------------------|----------|---------------|------------------------|----------------|
|                                                                                                                                                                                                                                                                                                                                                         |                                          | •                                           | Application or Dockst Number     |                                |                             |                                     |                       |                 |                        |          |               |                        |                |
| PATENT APPLICATION FEZ DETERMINATION RECOR<br>Effective October 1, 2000                                                                                                                                                                                                                                                                                 |                                          |                                             |                                  |                                |                             |                                     |                       |                 | G169_15 7              |          |               |                        |                |
| . CLAIMS AS FILED - PART ( (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                        |                                          |                                             |                                  |                                |                             |                                     |                       | SMALL ENTITY OF |                        |          |               | THAN                   |                |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                            |                                          |                                             | ર ૧                              |                                |                             |                                     |                       | ATE             | FEE                    | ]        | RATE          | FEE                    | •              |
| FOR                                                                                                                                                                                                                                                                                                                                                     |                                          |                                             | MARKER                           | FLED                           | MUMO                        | ER EXTRA                            | 94                    | DC FEE          | 355.00                 | OR       | DANC FEE      | 710.00                 |                |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                 |                                          |                                             | TT ma                            | NLB 20=                        |                             | 2                                   | X                     | 30-             | -                      | OR.      | X318-         | 36                     |                |
| INCEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                      |                                          |                                             | 3 m                              | inus 3 -                       | •                           |                                     |                       | 40-             |                        | OR.      | X80-          |                        |                |
| M                                                                                                                                                                                                                                                                                                                                                       | ATTPLE DEPE                              | NDENT CLAIM P                               | RESENT                           |                                |                             |                                     |                       | +135=           |                        | ÓR       | +270=         |                        |                |
| * If the difference in column 1 is less than zero, enter *0" in column 2                                                                                                                                                                                                                                                                                |                                          |                                             |                                  |                                |                             |                                     |                       | YTAL            |                        | OR       | TOTAL         | नद्रद्र                |                |
| 21505 CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                       |                                          |                                             |                                  |                                |                             |                                     |                       | ,,,,            |                        | Jun      | OTHER         |                        |                |
| 9                                                                                                                                                                                                                                                                                                                                                       | <b>PIO</b>                               | (Column 1)                                  |                                  | (Column 2) (Column 5)          |                             |                                     |                       | SMALL ENTITY    |                        | OR SMALL |               |                        | 673            |
| AMENDARMYA                                                                                                                                                                                                                                                                                                                                              |                                          | REMADIENG<br>AFTER<br>AMERICAENT            |                                  | MARK<br>PREVIO                 | SER<br>CUSLY                | PRESENT<br>EXTRA                    | R                     | ATE             | ACTIONAL<br>FEE        |          | RATE          | ADOI-<br>TIONAL<br>FEE | BEST           |
| 3                                                                                                                                                                                                                                                                                                                                                       | Total                                    | · <i>2</i> 2                                | Mirus                            | ·0                             | <u> </u>                    | •                                   | ×                     | \$ 9~           |                        | OR       | X\$18=        |                        |                |
|                                                                                                                                                                                                                                                                                                                                                         | Independent                              | · 3                                         | Minus                            |                                | <u> </u>                    | •/                                  | x                     | 40-             |                        | OR       | X80=          |                        | <u>A</u>       |
| PARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                          |                                          |                                             |                                  |                                |                             |                                     |                       | 35-             |                        | OR.      | +270=         |                        | AVAILABLE COPY |
| <                                                                                                                                                                                                                                                                                                                                                       | SION                                     |                                             |                                  |                                |                             |                                     |                       | TOTAL           | _                      | OR       | TOTAL         |                        | ዀ .            |
|                                                                                                                                                                                                                                                                                                                                                         | 11/102                                   | (Column 1)                                  | •                                | (Coku                          | mn 2)                       | (Column 3)                          |                       | r fee [         |                        |          | ADDIT, FEE    |                        | ß              |
| WENDARDAT B                                                                                                                                                                                                                                                                                                                                             |                                          | CLAMS<br>REMARKING<br>AFTER<br>AMERICALERIT |                                  | HUSH<br>HUM<br>PREVIO<br>PAID  | BEA                         | PRESENT<br>DÇTRA                    | R                     | ATE             | ADDI-<br>TIONAL<br>FEE |          | RATE          | ADDI-<br>TIONAL<br>FEE | γPγ            |
| ₫                                                                                                                                                                                                                                                                                                                                                       | Total                                    | . 22                                        | Minus                            | -6                             | B                           | •                                   | X                     | ; Q             |                        | OR       | X\$18-        |                        |                |
| Į                                                                                                                                                                                                                                                                                                                                                       | Independent                              | · 3                                         | Minue                            | ***                            | 3                           | 3/                                  | ×                     | 40-             |                        | OR       | X00-          |                        |                |
| L                                                                                                                                                                                                                                                                                                                                                       | PHRST PRESE                              | NTATION OF M                                | JUNIPUE DEI                      | ECENT                          | CLAIM                       |                                     | J   1.                | 35=             |                        | OR       | +270=         |                        |                |
|                                                                                                                                                                                                                                                                                                                                                         | 10-11                                    | -05·                                        | RCL                              |                                |                             |                                     | 400                   | IOIAL<br>L FEE  |                        | OR       | TOTAL         |                        |                |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                        |                                          |                                             |                                  |                                |                             |                                     |                       |                 |                        |          |               |                        |                |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                             |                                          | REMARKIO<br>AFTER<br>AMERICAERT             |                                  | HUSH<br>MUME<br>PREVIX<br>PAID | DER<br>XUSLY                | PRESENT<br>EXTRA                    | A                     | VE .            | ADDI-<br>TIONAL<br>FEE |          | RATE          | ADDI-<br>TIONAL<br>FEE |                |
| ğ                                                                                                                                                                                                                                                                                                                                                       | Total                                    | .35                                         | Minus                            | -(                             | R                           | -3                                  | X                     |                 |                        | OR       | XISA          | 150                    |                |
|                                                                                                                                                                                                                                                                                                                                                         | Independent                              | · 5                                         | Minus                            |                                | 3                           | ·2                                  | 1                     | 10-             | •                      |          | 600           | 400                    |                |
| FIRST PRESENTATION OF MATTPLE DEPENDENT CLASM                                                                                                                                                                                                                                                                                                           |                                          |                                             |                                  |                                |                             |                                     |                       |                 |                        |          |               |                        |                |
| * If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "V" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "V" in column 3. |                                          |                                             |                                  |                                |                             |                                     |                       |                 |                        |          |               |                        | 2              |
| -                                                                                                                                                                                                                                                                                                                                                       | T the Tilghest Ku<br>If the Tilghest No. | rober Previously Po<br>Enhan Previously P   | eds For IN THE<br>mid For IN THE | 8 SPACE I<br>B SPACE I         | s loop that<br>is loop that | 1 20, enter "20.<br>1 2, enter "2." | ADDI                  | r, pee L        |                        |          | ADOIT, FEE    | راقل                   | 40             |
|                                                                                                                                                                                                                                                                                                                                                         |                                          | ber Proviously Pa                           |                                  | CHAPTER 12                     |                             |                                     | - <del>100</del> 0 ii | 40 CT           | تاب راسه بهد           | 1 ER CO  | <b>3</b> 40 L |                        |                |

PORM PTO-675 (Table 800)